☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
LEADES FECERAL BANK FO	R SAVINOS	Date, Time, Multiper at Hing Office
MEMPHIS, TN 38101-0275	5	
3-28653-13		
2. Name and Address of Debtor	(Last Name First if a Person)	
PICKETT, BERNICE 6. :15 NELSON WALKER ROAL SOLUMBIANA, AL 35051		9 SEP -5
Social Security/Tax ID #	Y) (Last Name First if a Person)	
Social Security/Tax ID #		
☐ Additional debtors on attached UCC-E		
3. SECURED PARTY (Last Name First if a Person)	· · · · · · · · · · · · · · · · · · ·	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
LEADER FEDERAL BANK FO P.O. BOX 275 MEMPHIS, TH 38101-0275		
Social Security/Tax ID #		
☐ Additional secured parties on attached UCC-E		
5. This statement refers to original Financing Sta	atement bearing File No. <u>017581</u>	Date Filed 301 Y 21 19 87
7. Termination. Secured Party no longer claims 8. Partial or The Secured Party's right under Pull property described in item 11 of Assignment whose name and address appears 9 Amendment Financing statement bearing file.	s a security interest under the financing statem er the financing statement bearing file number : or to all of the property listed on this file, is assig	shown above to the gned to the assignee in item 11.
FLEASE ADD THIS STATEMENT; NO ADDI	· · · · · · · · · · · · · · · · · · ·	IGINAL FINANCING  BEING LOANED.  11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
	NANCING STATEMENT REI TERMINATION STATEMEN	
Check X if covered: Products of Collateral are	e also covered.	
Signature(s) of Debtor(s)  Signature(s) of Debtor(s) (necessary only if iter	m 9 is applicable)	Signature(s) of Secured Party(ies)  Signature(s) of Secured Party(ies)
Signature(s) or Debtor(s) (necessary only it fier	an a ra apprivable)	
Type Name of Individual or Business		Type Name of Individual of Business  STANDARD FORM LINISORM COMMERCIAL CODE FORM LIC

(1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER COPY — ACKNOWLEDGEMENT (2) FILING OFFICER COPY — NUMERICAL (4) FILE COPY — SECOND PARTY(S)

(5) FILE COPY DEBTOR(S)

Approved by The Secretary of State of Alabama